



## EFFECT OF ACTIVE CHARCOAL BAMBOO GEL (ACTIVATED CHARCOAL BAMBUSEAE) TOWARD DENTAL DISCOLORISATION

FUAD HUSAIN AKBAR<sup>1</sup>

<sup>1</sup>Department Dental Public Health, Faculty of Dentistry, Hasanuddin University, Indonesia

Email: fuadgi2@gmail.com

Received: 30 Jan 2019, Revised and Accepted: 04 Jun 2019

### ABSTRACT

**Objective:** The aim of the study was to determine the effect of the activated charcoal gel on tooth discoloration.

**Methods:** This study was experimental laboratories and used a Pre-post-test only control group design. This study was conducted at the Pharmacy Laboratory of the State Islamic University of Alauddin Makassar and the Oral Biology Laboratory, Faculty of Dentistry, Hasanuddin University. The total samples were 30 maxillary incisors. The test tool used was Shade Guide VITAPAN® Classical. Data analysis using Wilcoxon Test and Kruskal Test Wallis.

**Results:** Based on the results of the Wilcoxonson test, the Kruskal Wallis test showed changes in tooth color after the application of bamboo charcoal gel at concentrations of 7.5%, 15%, and 30% with p values <0.05.

**Conclusion:** There was a significant change in tooth color before and after the application of bamboo activated charcoal gel.

**Keywords:** Discoloration, Dental aesthetics, Dental care, Bleaching, Activated charcoal bambuseae

© 2019 The Authors. Published by Innovare Academic Sciences Pvt Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>)  
DOI: <http://dx.doi.org/10.22159/ijap.2019.v11s4.35299>

### INTRODUCTION

Tooth discoloration becomes an important problem in dentistry. Various studies were carried out because of the increasing aesthetic needs of the community. Changes in the color of the teeth make people feel uncomfortable and lack confidence. Changes in color can be classified into three types, namely extrinsic, intrinsic, or a combination of both [1, 2].

Treatment of tooth discoloration can be done by several methods, treatments that can be done include making veneering, making artificial crowns and teeth whitening. Dental coating and artificial crown making have disadvantages because it is an invasive action that is carried out by extracting hard tissue of teeth. Teeth whitening is the preferred treatment alternative because it does not carry out tissue reduction. There are two vital teeth whitening methods that can be done, namely teeth whitening done in dental practice (in office bleaching) and done at home (home bleaching) [3, 4-10].

At present the use of natural materials is often carried out by the community because it is considered cheap and easy to obtain compared to chemicals [10]. As in the history of the development of basic materials for bleaching, the use of natural materials is still minimal. Bamboo charcoal is a solid (solid) product that uses bamboo raw materials (can be from raw material) through carbonization processes under high temperature (under high temperature) has been used in the past century until this time as fuel for cooking and industry, filtration (filtering) and purification (cleaning), and many others. Various countries have proven that bamboo can be used in various ways [11-14]. China as a country of bamboo blinds has utilized this natural material in various ways, for example bamboo needs in industry (bamboo timber), bamboo charcoal, eksostim, medicine, construction, craft products and food industries [2, 15-17].

Bamboo activated charcoal is one option that can be used by the community because it's low cost, and easy to obtain, this material is also very efficient in the manufacturing process because it does not require a long and long process in its manufacture. In addition, some types of bamboo are very easy and commonly found in the South Sulawesi region, such as bamboo water [18-24].

### MATERIALS AND METHODS

This type of research is an experimental laboratory. The desain research was Pre-posttest only control group design. The location of the study was conducted at the Pharmacy Laboratory of Alauddin Makassar State University and the Biology Oral Laboratory, Faculty of Dentistry, Hasanuddin University. The study was conducted in October 2018. Study sample was maxillary central incisor obtained from several dental practices, health centers, dental and oral hospitals and regional general hospitals that fulfilled inclusion.

The study used 10 samples for each treatment. The number of samples needed for 3 treatments was 30 teeth. Tooth color measurement using Shade Guide VITAPAN® Classical by 3 observations and recording. This type of shade guide has 16 colors, namely A1-A4 (red-brown), B1-B4 (red-yellow), C1-C4 (gray), D1-D4 (red-gray). Order color score in the classical vitapan from the brightest to the darkest are as follows: B1 = 1, A1 = 2, B2 = 3, D2 = 4, A2 = 5, C1 = 6, C2 = 7, D4 = 8, A3 = 9, D3 = 10, B3 = 11, A3.5 = 12, B4 = 13, C3 = 14, A4 = 15, C4 = 16. Based on the assessment score, B1 = 1 shows the lowest value, while C4 = 16 indicates highest value. The higher the value produced in the shade guide the darker the color of the tooth. Conversely the lower the value produced in the shade guide, the brighter the color of the tooth is [25-33].

### RESULTS AND DISCUSSION

Wilcoxon test results for tooth color before and after application of bamboo active charcoal gel concentration of 7.5%, 15%, and 30%.

Table 1: Results Wilcoxon test

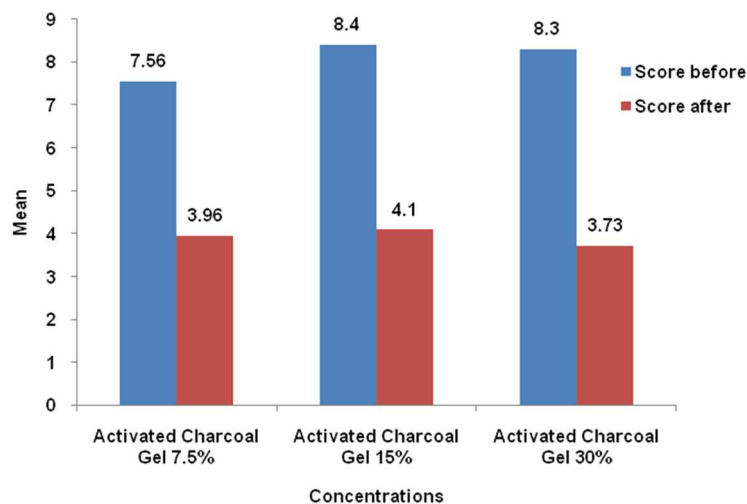
Group		Viewer 1		P Value	Viewer 2		P value	Viewer 3		P Value
		Before	After		Before	After		Before	After	
7.5%	Mean	5.60	2.70	0.035*	10.20	5.50	0.008**	6.90	3.70	0.011**
	SD	3.41	1.42		3.52	2.64		2.60	1.16	
15%	Mean	6.50	2.70	0.013**	9.30	4.80	0.011**	9.40	4.80	0.000*
	SD	4.22	1.64		3.86	2.90		3.06	2.86	
30%	Mean	7.60	2.40	0.005**	8.40	4.30	0.021**	8.90	4.50	0.001*
	SD	3.66	1.51		4.99	2.45		4.12	2.27	

\*Paired t test (p<0.05), \*\*Wilcoxon test (p<0.05)

According to the results of the Wilcoxon test in table 1 it can be showed that there was a significant change in tooth color after the application of bamboo activated charcoal gel with a concentration of 7.5%, 15% and 30% with a value of  $p < 0.05$  indicating that there were significant changes before and after application of ingredients.

The graph of the difference in tooth discoloration before and after the application of bamboo activated charcoal gel material can be seen in the picture below.

Due to the abnormal data distribution, the test used is the Kruskal Wallis test. The results of the Kruskal Wallis test can be seen in table 2.



**Fig. 1:** Graph of differences in tooth color changes before and after application of bamboo activated charcoal gel concentrations of 7.5%, 15% and 30%

**Table 2:** Result of kruskal wallis test

Group	Viewer		Before	After
7.5%	1	Mean	5.60	2.70
		SD	3.41	1.42
	2	Mean	10.20	5.50
		SD	3.52	2.64
	3	Mean	6.90	3.70
		SD	2.60	1.16
	P Value		0.018*	0.011*
15%	1	Mean	6.50	2.70
		SD	4.22	1.64
	2	Mean	9.30	4.80
		SD	3.86	2.90
	3	Mean	9.40	4.80
		SD	3.06	2.86
	P Value		0.163*	0.044*
30%	1	Mean	7.60	2.40
		SD	3.66	1.51
	2	Mean	8.40	4.30
		SD	4.99	2.45
	3	Mean	8.90	4.50
		SD	4.12	2.27
	P Value		0.759*	0.051*

According to the table 2, the results of the Kruskal Wallis test can be seen that there are significant tooth color differences between the three groups of bamboo activated charcoal gel concentrations of 7.5%, 15% and 30% with a value of  $p < 0.05$ . Active bamboo concentrations of 7.5%, 15% and 30%.

The results of tooth color measurements before and after the application of bamboo activated charcoal gel 7.5%, 15% and 30% showed a significant difference in tooth color ( $p < 0.05$ ) before and after the application of the material. This means there is a change in the color of human permanent teeth after the application of the material and based on the data obtained can be concluded that there is a change in color to be whiter.

Based on table 1, the results of the Wilcoxon test showed that there was a significant difference in tooth color between the three

treatment groups by three observers, namely the concentration group of 7.5%, concentration of 15% and concentration group of 30% with  $p < 0.05$ . These results indicate that the concentration of bamboo charcoal gel affects tooth discoloration. This occurs due to the content or concentration of the activated charcoal gel proved by the value difference before and after the application of activated charcoal gel from the three different concentrations. The difference in value difference from the three Sample concentration showed that the concentration of activated charcoal in the material was able to influence the effect of the activated charcoal gel.

Tooth changes become whiter due to the active carbon content contained in activated charcoal gels. The activated carbon contained is known to be able to remove stains on the surface of the teeth derived from the adsorbent properties of activated carbon which means being able to absorb anions, cations and molecules in the

form of organic and inorganic compounds such as solutions and gases. This happens, activated charcoal in the form of micro and carbon crystals are non-crystalline and porous. This results in the active charcoal being able to absorb gas and water vapor from a mixture of gases and substances that are not dissolved [2, 33-42].

Based on table 2, the results of the Kruskal Wallis test showed that there were significant tooth color differences between the three treatment groups. The table also shows that the range of values before and after the application of materials at a concentration of 30% has a greater effect than the concentration of 7.5% and 15% gel. It is caused by differences in the concentration of activated charcoal contained in the gel. Contained in the activated charcoal gel serves to absorb color, liquid or gas.

Discoloration of the teeth can be caused by extrinsic staining. Extrinsic discoloration is usually caused by consumption of drinking, food and drugs that cause discoloration in teeth [35, 39, 47-51]. Tooth extrinsic discoloration is generally caused by drinks such as coffee which can cause tooth discoloration to become blackish due to the influence acid and caffeine levels in it. Coffee is the most powerful chromogen in influencing tooth color compared to tea and cola. In addition to caffeine, coffee has bioactive substances, such as nicotine acid, trigonelline, quinolinic acid, tannic acid, pyrogallol acid [42-46]. Tannin or commonly called tannic acid is a responsible dye for brownish discoloration that occurs in the teeth. Various kinds of acids contained in the coffee solution also the minimum pH of the coffee becomes low or acidic [52-54]. The acidic conditions that occur will soften the enamel so that it is more susceptible to infiltration of dyes [55-58]. The results of the study show that the color changes in the three groups of active charcoal gel concentration vary. This happened in each group application of the material, allegedly related to the thickness of the enamel and the age of the patient. The teeth used in this study originated from various and from different patients, resulting in differences in age-related to the thickness of the enamel layer on the tooth. The thicker the tooth enamel, the smaller the strength of the coffee to discolorize and the active charcoal gel of bamboo in performing the bleaching reaction.

## CONCLUSION

Based on the results of the research conducted, it can be concluded that there is a significant difference in tooth color before and after the application of bamboo activated charcoal gel in the concentration 7.5%, 15% and 30%.

## ACKNOWLEDGMENT

We thank our colleagues from Faculty of Dentistry Hasanuddin University who provided insight and expertise that greatly assisted the research, although they may not agree with all of the interpretations or conclusions of this paper.

## AUTHORS CONTRIBUTIONS

All the authors have contributed equally

## CONFLICT OF INTERESTS

The author report no conflict of interest

## REFERENCES

- Raphael A, Koren R, Sci BJ, Res T, Raphael A. Dental bleaching a case report presenting what science and clinical evidence shows in terms of result, safety, comfort and durability. *Biomed J Sci Tech Res* 2018;2:1-6.
- Desai N, Sahana S, Kb J, Shrivani S. The effect of a chemical activator on tooth bleaching with two different concentrations of carbamide peroxide: an *in vitro* study. *Int J App Dent Sci* 2018;4:286-9.
- Nagelberg RH. A review of tooth whitening services. *Academy Gen Dent*; 2015. p. 1-11.
- Majeed A, Farooq I, Grobler SR. Tooth-bleaching: a review of the efficacy and adverse effects of various tooth whitening products. *J Coll Phys Surg Pakistan* 2015;9:1-5.
- Oliveira RP De, Costa J, Baia P, Eliane M, Ribeiro S. Influence of time intervals between bleaching procedures on enamel microhardness and surface roughness abstract. *Open Dent J* 2018;5:555-9.
- Jyothi M, Girish K, Mounika A, Jyothirmayi BS, Bhargav K, Sonam A, *et al.* Case report conservative management of discolored anterior teeth-a case series. *Scholars J Dental Sci* 2016;3:58-62.
- Raju GS, Keerthi M, Nandan SK, Rao T, Kulkarni P. Cementum as an age determinant: a forensic view. *J Forensic Dent Sci* 2016;8:175.
- Presoto CD, Bortolatto JF, Petrucelli P, Carvalho F De, Trevisan TC. Case report new parameter for in-office dental bleaching; 2016. p. 16-20.
- Garg N, Garg A. Textbook of operative dentistry. 2<sup>nd</sup> ed. Jaypee Brothers Medical Publisher; 2013. p. 459-71.
- Torabinejad M, Walton RE. Endodontics: principles and practice. St. Louis: Elsevier; 2002.
- Mulky IH, Rania N, Kasuma N, Tsabitha SF. The influence of tomato juice as an alternative treatment to whiten the teeth. *Ind Scholars J* 2014;1:1-2.
- Scheid RC, Weiss G. Tooth anatomy woelfel. Jakarta: EGC; 2013. p. 11-2.
- Yingying D, Qin C, Huang X. Enzyme and alkali-aided ECF bleaching of kraft bamboo pulp. *BioResources* 2015;10:7372-85.
- Fitriana RA, Yulistyarini T, Soegianto A, Pertanian JB, Pertanian F. Relationship of bamboo germplasm based on bamboo morphologic characteristic. *Purwodadi Botanic Garden Collection* 2017;5:812-20.
- Suwarto, Octavianti, Hermawati. Top 15 plantation plants. 1<sup>st</sup> ed. Jakarta: Penebar Swadaya; 2014. p. 276.
- Basri E, Pari R. Physical properties and drying of five types bamboos. *J Penelitian Hasil Hutan* 2017;35:1-13.
- Arsad E. Processing technology and benefits of bamboo. *J Riset Industri Hasil Hutan* 2015;7:45-52.
- Ekayanti NW. Bamboo biodiversity (*bambusa spp*) in penglipuran tourism village, bangli regency. *J Bakti Saraswati* 2016;5:132-5.
- Rofi A. Strategy of increasing coffee' farmers income in boafeo village, maukaro subdistrict. *Ende Regency NTT* 2018;32:77-83.
- Yunus M, Daud M. Effectiveness of bamboo preservation for materials for lake Tempe floating houses in South Sulawesi. *J Permukiman* 2015;10:118-29.
- Alkhatib AJ, Alzaailay K. The appropriate use of activated charcoal in pharmaceutical and toxicological approaches. *Biomed J Sci Tech Res* 2018;5:3-5.
- Hambali. Distance of biodiesel producing fences. *Niaga Swadaya*; 2006. p. 103-4.
- Winarno. Coconut tree of Life. Jakarta: Gramedia Pustaka; 2014. p. 99-103.
- Pertiwi UI, Eriwati YK, Irawan B. Surface changes of enamel after brushing with charcoal toothpaste. *J Phys Conf Ser* 2017;884:1-9.
- Hagemann N, Spokas K, Schmidt HP, Kägi R, Bohler MA. Activated carbon, biochar and charcoal: linkages and synergies across pyrogenic carbon's ABCs. *Water (Switzerland)* 2018;10:1-19.
- Lee J, Palaniappan K, Hwai TT. Bacterial contamination in bristles of charcoal toothbrushes versus non-charcoal toothbrushes. *Can J Dent Hyg* 2017;51:62-7.
- Cooney DO. Activated charcoal. USA: Teach Service; 2016. p. 105.
- Ghalib N, Ayuandyka U. Makassar prevalence of tooth discoloration in preschool children in Makassar. *Makassar Dent J* 2017;6:66-72.
- Simmons SL. The role of the dental professional in tooth whitening; 2019. p. 1-9.
- O'Brien F. Day one income protection for a dentist. *J Irish Dent Ass*; 2017. p. 62.
- Kapadia Y, Jain V. Tooth staining: a review of etiology and treatment modalities. *Acta Sci Dental Sci* 2018;2:67-70.
- Samuel AR, Thomas T. Management of sensitivity after dental bleaching. *J Evid Based Dent Pract* 2016;8:4857-64.

33. Lee J, Bae S. A study on the whitening effect of fruit extracts and the changes in the components of the teeth. *Indian J Sci Technol* 2016;9:1-7.
34. Bernardon JK, Martins V, Rauber GB, Junior M. Clinical evaluation of different desensitizing agents in home-bleaching gels. *J Prosthet Dent J Prost Dent* 2016;4:21-5.
35. Grossman L, Oliet S, Rio carlos del. *Endodontic in practice*. 11<sup>th</sup> ed. Jakarta: EGC; 1995. p. 295.
36. Almohareb T. Management of discolored endodontically treated tooth using sodium perborate. *J Int Oral Health* 2017;10:133-5.
37. Torabinejad M, Walton RE. *Endodontic: principles and practice*. St Louis: Elsevier; 1996.
38. Nomay N. Review of the mechanism of tooth whitening. *J Esthet Restor Dent* 2015;27:240-57.
39. Albm O, Grigoletto M, Ac B. Methods for reversing the bond strength to bleached enamel: a literature review; 2018;6:1-5.
40. Coates K. The effect of bleaching toothpastes containing blue covarine on enamel color. *EC Dental Sci* 2017;4:127-33.
41. Mittal R, Sood AG, Singla MG, Dhawan D. A comparative evaluation of the efficacy of commercially available bleaching agents in non-vital teeth: an *in vitro* study. *Saudi Endodontic Journa* 2015;5:33-7.
42. Goodacre CJ, Sagel PA. *Dental esthetic in practice: part 3- understanding color and shade selection*. ADA CERP; 2011. p. 3-8.
43. Fatimah N. *In vitro* comparative study of in-office and home bleaching agents on surface micro-morphology of enamel. *J Coll Physicians Surg Pak* 2016;26:9-12.
44. Rao MSR, Rathod T, Sekhar VSSK, Ch KK. Comparative evaluation of the bleaching efficacy of 16% carbamide peroxide and 30% hydrogen peroxide-an *in vitro* study. *Indian J Mednodent Allied Sci* 2016;4:82-9.
45. Li Y, Msd DDS. Stain removal and whitening by baking soda dentifrice. *J Am Dent Assoc Elsevier Inc* 2017;148:20-6.
46. Al Omiri MK, Nazeah AA Al, Kielbassa AM, Lynch E. Randomized controlled clinical trial on bleaching sensitivity and whitening efficacy of hydrogen peroxide versus combinations of hydrogen peroxide and ozone. Springer US; 2018. p. 1-10.
47. Fernandez E, Bortolatto J. New trends on in-office tooth bleaching. *J Dental Sci Ther* 2016;1:28-30.
48. Abdullah AO, Muhammed FK, Zheng B, Liu Y. An overview of extrinsic tooth bleaching and its impact on oral restorative materials. *World J Dentistry* 2017;8:503-10.
49. Fauziah C, Fitriyani S, Diansari V. Colour change of enamel after application of averrhoa bilimbi. *J Dent Indonesia* 2012;19:53-6.
50. Larocca J, DG, CB, JU, TY. Effectiveness of and tooth sensitivity with at-home bleaching in smokers. *J Am Dent Assoc Elsevier Inc* 2015;146:233-40.
51. Kurthy R. *The science of whitening*. USA: Venderbit; 2016. p. 7.
52. Nuhu AA. Bioactive micronutrients in office: recent analytical approaches for characterization and quantification. *ISRN Nut* 2014;1-17. <http://dx.doi.org/10.1155/2014/384230>
53. Edvan BT, Edison R, Same M. The influence of type and duration of roasting on the quality of Robusta coffee (*Coffea canephora*). *J Agroindustri Perkeb* 2016;4:31-40.
54. Najiyati DS. *Coffee cultivation and post harvest management*. Jakarta: Penebar Swadaya; 2004. p. 20-5.
55. Wahyuni E, Karim A, Anhar A. Analysis of the taste of organic arabica coffee at several altitude places and how to process it in the gayo highland. *J Manaj Sumberd Lahan II* 2013;2:261-9.
56. Fauziah C, Fitriyani S, Diansari V. Colour change of enamel after application of averrhoa bilimbi. *J Dent Indonesia* 2012;19:53-6.
57. Goodacre CJ, Sagel PA. *Dental esthetic in practice: part 3- understanding color and shade selection*. ADA CERP; 2011. p. 3-8.
58. Pasiga B. *Biostatistics theory and computer applications*. Makassar: Dua Satu Press; 2013.